उद्योग मंत्रालय में राज्य मंत्री (श्रीमती कृष्णा साही): (क) से (घ) सातवीं पंचवर्षीय योजना और आठवीं पंचवर्षीय योजनावधि में गुजरात में विभिन्न उद्योगों की स्थापना उद्योगों की स्थापना के लिए मंजूर किये गये आशय पत्रों व औद्योगिक लाइसेंसों की संख्या इस प्रकार है:

अवधि	आशय-पत्र	औद्योगिक लाइसेंस
सातवीं पंचवर्षीय योजना (1985—1990)	514	270
1990-91) वार्षिक योजना	180	66
1991-92)		
आठवीं पंचवर्षीय योजना (1992—1997) (जून, 1995 तक)	258	70
कुल:	952	406

उपर्युक्त के अलावा, गुजरात में लाइसेंसमुक्त क्षेत्र में उद्योगों की स्थापना करने के लिए अगस्त, 1991 से जून, 1995 के बीच कुल 3000 औद्योगिक उद्यमी ज्ञापन भी दायर किये गये हैं।

अपने राज्य में निवेश को आकर्षित करने के लिए औद्योगिक वातावरण में सुधार करने की जिम्मेदारी राज्य सरकार की होती है। भरत सरकार ने विकास केन्द्र योजना चलाई है जिसे तहत गुजरात को तीन केन्द्र आवंटित किये गये हैं। इस केन्द्रों में बुनियादी सुविधाओं का विकास करने के लिए 31.3.1995 तक 62.73 करोड़ रुपये जारी किये गये हैं।

Persons Suffering from Tuberculosis

559. SHRI O.P. KOHLI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to answer to Unstarred Question 4736 given in the Rajya Sabha on 4th May, 1995 and state:

(a) the number of persons who are suffering from active T.B. in our country at present and the number of patients among them who are highly infactious;

(b) the number of districts where T.B. Centres have been set up so far and the number of centres out of them where short-course treatment with more affective drugs is provided;

(c) whether Government have failed to launch T.B. Eradication Programme on a war footing and if so, the reasons therefor; and

(d) the special efforts proposed to be made to rid the country of the scourage of T.B.?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) In India 14 millions people are estimated to be suffering from active tuberculosis of which about 4 millions are highly infectious sputum positive cases.

(b) The District TB Centres have been set up in 391 districts out of which in 284 districts Short Courses Chemotherapy has been introduced.

(c) and (d) The National Tuberculosis Control Programme launched by the Govt. in 1962 has succeeded in reducing mortality rate. Childhood TB and serious form of Tuberculosis in adults are on the decline. The special efforts being made to combat the disease are by expanding the National Tuberculosis Control Programme and through its effective implementation. A revised strategy to detect TB cases through quality microscopy and to achieve 85% cure rate among new sputum positive cases and Directly Observed Therapy (DOT) of more effective short course chemotherapy is being tested in selected project areas in five districts and ten cities.

Rural Development in Backward Districts of Punjab

560. SHRI IQBAL SINGH: Will the Minister of RURAL AREAS AND EMPLOYMENT be pleased to state:

(a) whether Government propose to launch some new rural development schemes in Punjab, particularly in the backward districts of the State during the current financial year;

(b) if so, the details thereof;

(c) if not, the reasons therefor; and

(d) what steps have been taken by Government in this regrd so that these backward districts of the State can be made industrially self-reliant?

THE MINISTER OF STATE IN THE MINISTRY OF RURAL AREAS AND EMPLOYMENT (SHRI UTTAMBHAI PATEL): (a) to (d) There is no proposal to launch any new Rural Development Schemes in State of Punjab during the current financial year. However, the ongoing major Rural Development Schemes viz. (i) Integrated Rural Development Programme (IRDP), (ii) Training for Rural Youth for Self-Employment (TRYSEM), (iii) Development of Women and Children in Rural Areas (DWCRA), (iv) Jawahar Rozgar Yojana (JRY), (v) Accelerated Rural Water Supply Programme (ARWSP), and (vi) Central Rural Sanitation Programme (CRSP) will continue to be implemented in the State of Punjab.

Funds for employment through Khadi and Village industries

561. SHRI SARADA MOHANTY: Will the Minister of INDUSTRY be pleased to state:

(a) the amount earmarked for Khadi and Village Industries for implementing employment generation programmes;

(b) whether the fund has been made available to the Khadi and Village Industries Commission; and

(c) if so, the details of Plan formulated by the Khadi and Village Industries Commission for generation of employment?

THE MINISTER OF STATE IN THE MINISTRY OF INDUSTRY (SHRI M. ARUNACHALAM): (a) to (c) Out of a total outlay of Rs. 343 crores an amount of Rs. 130 crores has been earmarked for disbursement to Khadi and Village Industries Commission (KVIC) for the year 1995-96 under Rural Employment Generation Programme as a sequel to the High Power Committee recommendations. Rs. 65 crores have already been released to KVIC for implementation of the programme.

For implementing the Rural Employment Generation Programme, KVIC has formulated the following employment generation programmes:-

(i) Implementation of Special Employment Programme in 125 RPDS Blocks throughout the country.

(ii) Special Employment Programme in 50 selected Districts.

(iii) Special Projects in thrust areas like leather, handmade paper, pottery, bee keeping, etc.

The employment generation in these programmes will be 1,000 per block in 125 Block Special Employment Programme, 10,000 per district in District Special Employment Programme and about 100 per project in Special Projects Programme.

WHO Guidelines for the Eradication of Tubacco-Related Diseases

562. SHRI VIRENDRA KATARIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of WHO guidelines and other decisions for the eradication of tobacco-related diseases;

(b) whether Government are party to these guidelines/decisions;

(c) if so, the steps being taken to implement the same; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HELATH AND FAMILY WELFAE (DR. C. SILVERA): (a) and (b) WHO has *interalia* recommended the adoption of administrative and legislative measures for discouraging the use of tobacco products; the organisation has emphasized the extent health hazards caused by the use of tobacco for educating the public. There are however no WHO guidelines.